



# Platteville Recreation

Gordon & Reggie Huntington, Recreation Directors  
 Phone (970)785-2245 x. 1101 • Fax (970)785-2476  
 400 Grand Avenue, Platteville, CO 80651  
 grhuntington@plattevillegov.org

## SPORTS/ACTIVITY REGISTRATION FORM

For all schedules, maps, rules and regulations, visit [www.quickscores.com/NVAA](http://www.quickscores.com/NVAA).

\*\*\*Please Print\*\*\*

Participant Name \_\_\_\_\_ Gender **F** **M**  
Last First MI

Activity/Sport \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First

Physical Address \_\_\_\_\_  
Street City State ZIP

Mailing Address (if different) \_\_\_\_\_  
P.O. Box City State ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size: (Circle One)

Youth S M L

Adult S M L XL

Other \_\_\_\_\_

**\*Please Note: All jerseys will be turned in at the end of the season\***

### In Case of Emergency Contact: (Different than Above)

**Contact 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_  
Cell Work Home

**Contact 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_  
Cell Work Home

Does the Participant have current insurance? Yes No If yes, current insurance provider \_\_\_\_\_

**Pre-existing Medical Conditions** (Allergies, Asthma, etc...) \_\_\_\_\_

I, \_\_\_\_\_ intend to enroll in the following activity sponsored by the Town of Platteville and  
 scheduled to take place during the time period indicated:

**Activity/Sport** \_\_\_\_\_ **Dates of Participation** Fall Winter Spring Summer \_\_\_\_\_  
Year

I, \_\_\_\_\_ understand the hazards, perils and potential injuries that may result from my child's participation in the above activity/event. I understand that all such activities pose the possibility of injury; and although remote- there is even a statistical possibility of permanent paralysis or death. I have been given the chance to ask questions of appropriate town personnel and volunteers concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. Having received sufficient information to make an informed decision, I hereby agree to assume all such risks and release the Town, its staff and volunteers from liability resulting therefore. This Waiver and Release of Liability is executed on behalf of me, my child, and my heirs, personal representatives, successors and assigns. **BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ITS CONTENTS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_